

## Cash Handling Authorization Form

This form is to be completed prior to any university employee handling university funds, in any form, and must be re-submitted annually.

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

**TYPES OF CASH RESPONSIBILITIES AUTHORIZED**

Change Fund Use Cash and/or Check Receipts (Click for definition of " <a href="#">Cash Receipts.</a> ") Credit Card Receipts	Other Please specify: _____
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Physical Security of Funds (Dept/room/safe): \_\_\_\_\_

Cost Center(s) (attach a separate listing, if more space is needed): \_\_\_\_\_

I hereby certify and acknowledge the following:

1. I have completed the required annual, mandatory online Cash Handling training for the current fiscal year (either CFXX10 UHCL Change Fund & Cash Security Procedures or CFXX11 UHCL Change Fund, Cash Security and Deposit Procedures. "XX" refers to the current fiscal year.)
2. I have received a copy of my department's Cash Handling Policies and Procedures.
3. I have read and reviewed the [UHCL Cash and Check Management](#).
4. I am aware of the UH System Cash Handling Policies and Procedures ([www.uh.edu/sam](http://www.uh.edu/sam)), including:
  - a. [UH SAM 01.C.04](#) – Reporting/Investigation Fraudulent Acts
  - b. [UH SAM 03.F.04](#) – Cash Handling
  - c. [UH SAM 08.A.03](#) – Gift Acceptance-Gifts from Individual Donors
5. I accept responsibility for the funds and the accounting thereof under my control, in accordance with these policies and procedures.

**Certification and Approval Signatures:**

* Cash Handling Custodian/ Fund Custodian: <input checked="" type="checkbox"/> _____  * Department Head: <input checked="" type="checkbox"/> _____  * Business Administrator: <input checked="" type="checkbox"/> _____	_____ Title	_____ Date
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**Submit this completed form to General Accounting – Mail Code 104 or via email to [GeneralAcctg@uhcl.edu](mailto:GeneralAcctg@uhcl.edu) for review and AVP-Finance approval.**

General Accounting 281-283-2050 Mail Code 104 North Office Annex II ~ [For questions contact General Accounting](#)

**FOR OFFICE USE ONLY:** Received in GA: \_\_\_\_\_ CH course \_\_\_\_\_ completed

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
 Usha Mathew, Associate VP – Finance